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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000849 (7)

1. Corporation Name

THAT'S OUR MONEY, INC.



Principal Place of Business

Mailing Address

3725 ST. FRANCIS ROAD
FORT PIERCE FL 34982

3725 ST. FRANCIS ROAD
FORT PIERCE FL 34982-6629

3. Date Incorporated or Qualified
02/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 699 Lakehurst Dr.

26 699 Lakehurst Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pt. St. Lucie Florida

28 Pt. St. Lucie Florida

Zip

Country

Zip

Country

24 34983

25 USA

29 34983

30 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINGREY, PAUL F
3725 ST. FRANCIS ROAD
FORT PIERCE FL 34982

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

699 Lakehurst Dr.

B4 City

Pt. St. Lucie

FL

B5 Zip Code

34983

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1 FEB 97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Director
STREET ADDRESS Sandra F. Melius
CITY-ST-ZIP 699 Lakehurst Dr.

PT. ST. LUCIE FL. 34983 ☐ DELETE

TITLE ☐ DELETE

NAME Director
STREET ADDRESS Joe Kovach
CITY-ST-ZIP 1690 Tivan Ln.

PT. ST. LUCIE FL. 34983 ☐ DELETE

TITLE ☐ DELETE

NAME Director
STREET ADDRESS Yvette M. Johansen
CITY-ST-ZIP 233 SW Eyerly

PT. ST. LUCIE FL. 34983 ☐ DELETE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-97

1-561-464-3200

CR2E037 (9/96)